

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Joseph Skiba Group Art Unit: 3765
Serial No.: 10/625,715 Examiner: Rodney M. Lindsey
Filed: July 22, 2003
For: **LIGHTWEIGHT IMPACT RESISTANT HELMET SYSTEM**
Matter No.: 0133-1

Bedminster, NJ 07921
September 24, 2004

Facsimile Mail To: (703) 872-9306

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**RECEIVED
CENTRAL FAX CENTER**

SEP 24 2004

Sir:

AMENDMENT UNDER 37 CFR 1.116

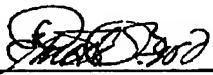
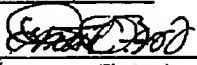
In response to the Office Action dated July 26, 2004, kindly amend the above-identified application as follows:

Amendments to the Claims are set forth in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

BEST AVAILABLE COPY

SEP 24 2004

AMENDMENT TRANSMITTAL LETTER				ATTORNEY'S DOCKET NO.: 0133-1		
SERIAL NUMBER: 10/625,715	FILING DATE: July 22, 2003	EXAMINER: Rodney M. Lindsey		GROUP ART UNIT: 3765		
INVENTION: LIGHTWEIGHT IMPACT RESISTANT HELMET SYSTEM						
INVENTOR(s): Joseph Skiba						
TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.						
CLAIMS AS AMENDED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	12	MINUS	20	0	X \$9	\$ 0.00
INDEP. CLAIMS	2	MINUS	3	1	X \$43	\$ 0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00
<p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. _____. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> The undersigned petitions for a one month time extension for filing this document under 37 C.F.R. 1.136 A Check for \$ _____ is enclosed to cover the fee for this time extension. A triplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Charge any additional fees to Deposit Account No. 01-1125</p>						
<u>September 24, 2004</u> Date			 _____ Signature			
<u>(908) 901-0220</u> Phone			<u>Ernest D. Buff</u> Attorney Name			
			<u>25,833</u> Reg. Number			
<p>I hereby certify that this correspondence is being mailed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 via facsimile transmission number (703) 872-9306 on <u>September 24, 2004</u>.</p> <p align="right">  _____ (Signature) </p> <p align="right"> <u>Ernest D. Buff</u> Attorney of Record </p> <p align="right"> <u>September 24, 2004</u> (Date) </p>						

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ BLACK BORDERS
- ☐ IMAGE CUT OFF AT TOP, BOTTOM OR SIDES
- ☐ FADED TEXT OR DRAWING
- ☐ BLURRED OR ILLEGIBLE TEXT OR DRAWING
- ☐ SKEWED/SLANTED IMAGES
- ☐ COLOR OR BLACK AND WHITE PHOTOGRAPHS
- ☐ GRAY SCALE DOCUMENTS
- ☒ LINES OR MARKS ON ORIGINAL DOCUMENT
- ☐ REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY
- ☐ OTHER: _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.